

## MEDICAID - UNISYS - INFORMATION CONTACT LIST

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| <b>ECS Electronic Billing</b>          | <p>1-800-205-4696</p> <p>Hours of Operation:<br/>7:30 AM - 6:00 PM, Eastern Time,<br/>Monday through Friday</p> <p>P.O. Box 2016<br/>Frankfort KY 40602-2016</p>  | <p>Information needed before you call:</p> <ul style="list-style-type: none"> <li>• Current ECS Submitter ID</li> </ul> <p>Electronic Claims provides the following information:</p> <ul style="list-style-type: none"> <li>• Submitter ID's for Providers who wish to test their claims software.</li> <li>• Testing results.</li> <li>• Confirmation of receipt of electronic claims transmission files.</li> <li>• Technical support to software vendors regarding specifications and record layouts.</li> <li>• Technical support for Unisys claims software.</li> <li>• ECS Manuals and Specifications requests.</li> <li>• Technical support regarding electronic remittance.</li> </ul> <p>ECS does NOT provide claim status information, enrollment status, recipient information, provider information, or information regarding Point of Sale systems.</p> |
| <b>Eligibility (Recipient)</b>         | <p>800-807-1301<br/>502-564-6885<br/>502-564-5020</p>   |  |
| <b>Fraud Hotline</b>                   | 800-372-2970  |  |
| <b>KCHIP</b>                           |   | Same billing, provider enrollment, recipient eligibility and other administrative procedures as Medicaid. Use the same number listed for Medicaid on this sheet  |
| <b>KenPAC</b>                          | <p><b>Care Coordination - 502-564-9444</b><br/>Fax – 502-564-0223</p> <ul style="list-style-type: none"> <li>• Hours of Operation:<br/>8:00 AM to 4:30 PM Eastern Time<br/>Monday through Friday</li> </ul> <p>Department for Medicaid Services, Care Coordination Branch, 275 East Main Street, 6 E-C, Frankfort, KY 40621</p> | <p>Care Coordination provides the following:</p> <ul style="list-style-type: none"> <li>• Assistance with special authorizations</li> <li>• Processes recipient disenrollments requested by KenPAC provider</li> <li>• Processes recipient requests for change of KenPAC provider that cannot be approved by DCBS or the Help Desk</li> <li>• Provides care coordination for high-risk KenPAC recipients</li> <li>• Provides care coordination for KenPAC recipients who need health care services not available in the Commonwealth</li> <li>• Processes requests for out of medical service area KenPAC providers</li> </ul>   |
|  | <p><b>Provider Relations - 502-564-9444</b><br/>Fax – 502-564-0223</p> <ul style="list-style-type: none"> <li>• Hours of Operation:<br/>8:00 AM to 4:30 PM Eastern Time<br/>Monday through Friday</li> </ul>  | <p>KenPac provider relations assist KenPac policy questions and other issues not related to claims or enrollment.</p> <p>Department for Medicaid Services, Care Coordination Branch, 275 East Main Street, 6 E-C, Frankfort, KY 40621</p>  |
|  | <p><b>Provider Enrollment</b><br/>Frankfort/Franklin Co: 502-226-1140<br/>Fax: 703-971-4923</p> <ul style="list-style-type: none"> <li>• Hours of Operation:<br/>8:00 AM to 6:00 PM Eastern Time<br/>Monday through Friday</li> <li>• P. O. Box 2110<br/>Frankfort, KY 40602-2110</li> </ul>                                    | <p>Information needed before you call:</p> <ul style="list-style-type: none"> <li>• Physician's License Number</li> <li>• Medicaid Provider Number</li> </ul> <p>Provider Enrollment provides the following:</p> <ul style="list-style-type: none"> <li>• Status of pending applications</li> <li>• Eligibility periods for enrolled providers</li> <li>• Form requests</li> <li>• Application requests</li> <li>• Changes pertaining to the provider's file</li> <li>• Fee schedule requests</li> <li>• Billing instructions and policy manual requests</li> </ul>  |
| <b>Lock-In (Recipient)</b>             | <p>502-564-2393<br/>Fax 502-564-0223</p> <ul style="list-style-type: none"> <li>• Hours of Operation:<br/>8:00 AM to 4:30 PM Eastern Time<br/>Monday through Friday</li> </ul>  | The Medicaid Lock-In coordinator manages the Medicaid Lock-In program and is available to answer questions from recipients and providers about the program.  |
| <b>Medicaid Managed Care Ombudsman</b> | <p>877-807-4027<br/>800-648-6056 (TDD/TTY)</p>  |  |
| <b>Medicaid Member Services</b>        | <p>800-635-2570<br/>7-7-1 KY Relay Service (TDD/TTY)</p>  |  |
| <b>National Health Services</b>        | <p>800-292-2392<br/>502-426-4888 in Louisville<br/>Fax - 502-429-5233<br/>Fax - 800-807-7840</p>  | Healthcare Review only accepts information from providers and physicians offices.  |
| <b>Peer Review Organization</b>        | <p>Kentucky - 800-292-2392<br/>Out of Kentucky - 800-228-5762<br/>Local - 502-426-8343<br/>Waiver Questions - Extension 4182</p>  | Health Care Review Corporation<br>9200 Shelbyville Road, Suite 722<br>Louisville, KY 40222   |
| <b>Presumptive Eligibility</b>         | <p>Certification: 866-818-0073<br/>System Problems – Unisys<br/>technical support: 800-205-4696</p>   | Presumptive Eligibility is a call center that assists certified PE providers confirm a limited prenatal package of benefits for eligible pregnant women.   |
| <b>Provider Enrollment</b>             | <p>877-838-5085<br/>FAX LINE - 502-226-1898</p> <ul style="list-style-type: none"> <li>•Hours of Operation:<br/>8:00 AM to 6:00 PM Eastern Time,<br/>Monday through Friday</li> <li>•P. O. Box 2110<br/>Frankfort KY 40602-2110</li> </ul> <p>Also contact:<br/>502-564-1012<br/>Division of Program Integrity</p>              | <p>Information needed before you call:</p> <ul style="list-style-type: none"> <li>• SSN or FEIN numbers of the enrolling provider, OR</li> <li>• Provider Number if available</li> </ul> <p>Provider Enrollment provides the following information:</p> <ul style="list-style-type: none"> <li>• Status of pending enrollment</li> <li>• Eligibility periods for enrolled providers</li> <li>• Form requests</li> <li>• Application requests</li> <li>• Changes pertaining to the providers file</li> <li>• Fee Schedule requests</li> <li>• Billing Instructions and Policy Manual requests</li> </ul>  |
| <b>SADMERC-HCPCS Help Line</b>         | 800-292-2392  |  |
| <b>Third Party Liability</b>           | 502-564-4958  |  |

## MEMBER ASSISTANCE

|                                |                                 |                                       |
|--------------------------------|---------------------------------|---------------------------------------|
| <b>Member Referral Numbers</b> | Medicaid Member Services        | 800-635-2570 ~ 800-775-0296 (TDD/TTY) |
|                                | Medicaid Managed Care Ombudsman | 877-807-4027 ~ 800-648-6056 (TDD/TTY) |
|                                | KCHIP Information               | 877-524-4718 ~ 877-807-4719 (TDD/TTY) |
|                                | Fraud Hotline                   | 800-372-2970                          |

## UNISYS CONTACT INFORMATION

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| <b>Unisys</b><br><br>Automated Voice Response System is available 24 hours a day, 7 days a week | Claims Status Inquiries    | 800-807-1301 (Automated Voice Response System) |
|   | Electronic Claims          | 800-205-4696                                   |
|   | KenPAC Eligibility         | 800-807-1301 (Automated Voice Response System) |
|   | Provider Billing Questions | 800-807-1232                                   |
|   | Provider Enrollment        | 877-838-5085 ~ Fax # 502-226-1898              |
|   | Provider Relations         | 800-807-1232                                   |
|   | Recipient Eligibility      | 800-807-1301 (Automated Voice Response System) |
|   | TPL Eligibility            | 800-807-1301 (Automated Voice Response System) |

## ADDRESSES AND MAILING INFORMATION:

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| <b>Adjustments &amp; Claim Credits</b>            | P. O. Box 2108, Frankfort, KY 40602-2108  |  |
| <b>Cash Refund</b>                                | P. O. Box 2108, Frankfort, KY 40602-2108  |  |
| <b>Claims Submission</b>                          | P. O. Box 2101, Frankfort, KY 40602-2101  |  |
| <b>Diagnosis Code (ICD-9-DM) Books (to order)</b> | Order Department AMA<br>P. O. Box 7046, Dover, DE 19903-7046  | 800-621-8335   |
| <b>HCFA – 1500 Claim Forms (to order)</b>         | U.S. Government Printing Office<br>Room 118, Federal Building<br>1000 Liberty Avenue, Pittsburgh PA 15250 |  |
| <b>Provider Enrollment</b>                        | P. O. Box 2110, Frankfort KY 40602-2110   | 877-838-5085, FAX Line: 502-226-1898<br>Hours of Operation: 8:00 AM to 6:00 PM Eastern Time, Mon. – Fri. |
| <b>Provider Relations (Inquiries)</b>             | P. O. Box 2100, Frankfort KY 40602-2100   | 800-807-1232   |